

01-31-02

PATENT

Total Pages

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

INVENTOR NAMED INVENTOR OR APPLICATION IDENTIFIER: HERMANN D. FUNKE  
TITLE: METHOD AND APPARATUS FOR CONTROLLING AN IMPLANTABLE MEDICAL DEVICE IN RESPONSE TO THE PRESENCE OF A  
MAGNETIC FIELD AND/OR HIGH FREQUENCY RADIATION INTERFERENCE SIGNALS

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No EV 019 705 815 US, on this 29<sup>th</sup> day of January, 2002.

Molly Chlebeck  
Printed Name  
Signature

Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, D.C. 20231

JC857 U.S. PTO  
10/059586  
01/29/02

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 20 (including claims and abstract: Spec. 12 sheets; Claims 7 sheets; Abstract 1

X Drawings:

Total sheets: 7  
☐ formal ☒ informal

X Combined Declaration and Power of Attorney:

- ☒ unexecuted  
☐ copy from prior application  
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

- ☐ Notification of filing a  
☐ Assignment of the Invention to Medtronic, Inc.  
☐ Assignment cover sheet  
☐ Information Disclosure Statement  
☐ PTO Form 1449  
☐ Copies of IDS citations  
☐ Preliminary Amendment  
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation of prior application No.            /            ☐ Divisional ☐ Continuation-in-part (CIP)
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number           , filed           .
- ☐ Cancel in this application original claims            of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to:           .

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

☒ Address all future correspondence to: GIRMA WOLDE-MICHAEL, Reg. No. 36,724

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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	41	20	= 21	x 18	\$378.00
Independent Claims	7	3	= 4	x 84	\$336.00
Multiple Dependent Claims			0	+ 280	
Basic Filing Fee					\$740.00
				TOTAL	<b>\$1,454.00</b>

☒ Charge Deposit Account No. 13-2546 the amount of **\$1,454.00** for the basic filing fee and extra claim fee.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

1-28-02

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